

LSI

RECEIVED  
CENTRAL FAX CENTER

MAY 02 2005

LSI Logic Corporation  
Legal Department - IP  
1621 Barber Lane, MS D-106  
Milpitas, CA 95035

## Facsimile Transmittal Letter

Date May 2, 2005Number of pages including cover sheet 4

To: US PTO, Mail Stop IDS  
 TC 2634  
 Fax No. 703-872-9306  
 Phone No.  
 CC:

From: Connie del Castillo  
 Intellectual Property Paralegal  
 Telephone No. (408) 433-7191  
 Fax No. (408) 433-7460

## REMARKS:

Urgent  For your review  Reply ASAP  Please comment

Application Number: 09/822,112  
 Filing date: March 30, 2001  
 First named inventor: David Reuveni  
 Attorney docket number: 01-121 / 1496.00109

Transmitted herewith for filing via facsimile:

- Transmittal Form, PTO/SB/21
- Information Disclosure Statement Letter
- Information Disclosure Statement by Applicant PTO/SB/O8A

Pursuant to 37 C.F.R. 1.8, I hereby certify that this correspondence is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date indicated below:

Date

5/02/05

Signature

Connie del Castillo

Connie del Castillo

Please contact us at (408) 433-7191 if you do not receive all pages indicated above or experience any difficulty in receiving this facsimile.

This Facsimile is intended only for the use of the addressee and, if the addressee is a client or their agent, contains privileged and confidential information. If you are not the recipient of this facsimile, you have received this facsimile inadvertently and in error. Any review, dissemination, distribution, or copying is strictly prohibited. If you received this facsimile in error, please notify us by telephone and return the facsimile to us.

BEST AVAILABLE COPY

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **3**Application Number **09/822,112**Filing Date **March 30, 2001**First Named Inventor **David Reuveni**Art Unit **2634**Examiner Name **Williams, Lawrence B.**Attorney Docket Number **01-121 / 1495.00109**

RECEIVED

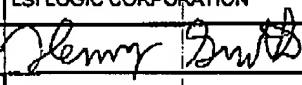
CENTRAL FAX CENTER

MAY 02 2005

## ENCLOSURES (Check all that apply)

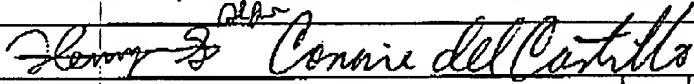
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> <u>1. Acknowledgment Record</u>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD. Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LSI LOGIC CORPORATION		
Signature			
Printed name	Henry J. Groth		
Date	5/2/2005	Reg. No.	39,896

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Connie del Castillo	Date	5/02/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

ST AVAILABLE COPY





Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/08A (10-96)

Approved for use through 10/31/99. OMB 0651-0031

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

Sheet 1 of 1

## Complete If Known

Application Number	09/822,112
Filing Date	March-30, 2001
First Named Inventor	David Reuveni
Group Art Unit	2634
Examiner Name	Lawrence B. Williams
Attorney Docket No.	1496.00109 / 01-121

## U.S. PATENT DOCUMENTS

Examiner Initials	Cite No.	U.S. Patent Document Number	Kind Code (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		6,266,799		Lee et al.	07-24-2001	
		6,417,698		Williams et al.	07-09-2002	

BEST AVAILABLE COPY

Examiner signature		Date considered	
--------------------	--	-----------------	--

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office.